is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

. Department of Justice					
inited States	Marshals	Service			

PROCESS RECEIPT AND RETURN

See	<u>"Instr</u>	uctions	for S	<u>ervice</u>	of P	rocess	by (U.S.,	Marsha	<u>/"</u>

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER		
DEFENDANT	MISC. NO. 1:08mc3392-MET		
JAMES C. ELMORE	Motion, Affidavit and Order		
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE C			
4	OR DESCRIPTION OF PROPERTY IS SERVE OR CONDEMN		
SERVE Richard Ramsey, III, Esq. ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
256 Honeysuckle Road, Ste 26, Dothan, AL 36305	()		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be		
RETURNED AND FILED	served with this Form 285		
U. S. Attorney's Office	Number of parties to be		
ATTN: A. Gardner P. O. Box 197	served in this case		
Montgomery, AL 36101 MAR 2 5 2008			
	Check for service on U.S.A.		
CLERK	JO CONTROL OF THE PARTY OF THE		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSISTIN EXPEDITIN All Telephone Numbers, and Estimated Times Available for Service:	IG SERVICE (<u>Include Business and Alternate Addresses,</u>		
old Millia USI. UF ALA.	, Fold		
SANDRA BRANNON	- MANANGEE		
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER DATE		
DEFENDANT	(334) 223-7280		
ODACE DELOW EOD LICE OF U.C. MADOUAL ONLY, DO			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO	NOT WRITE BELOW THIS LINE		
I acknowledge receipt for the total number of process indicated. Total Process District of Origin Serve	Authorized USMS Deputy or Clerk Date		
(Sign only for USM 285 if more	1.610118		
than one USM 285 is submitted) No. No. No.	DINIE		
I hereby certify and return that I have personally served, have legal evidence of service, on the individual, company, corporation, etc., at the address shown above on the on the individual, or			
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. n	named above (See remarks below)		
Name and title of individual served (if not shown above)	A person of suitable age and discretion		
	then residing in defendants usual place of abode:		
Address (complete only different than shown above)	Date Fime		
3/24/68 V1250 am pm			
	Signature of U.S. Adarston or Deputer		
	Signature of O Tarratival of Deputy		
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Depo	sits Amount and to US Mariner or		
including endeavors)	(Amount of Refund*)		
Din 100 1 99100			
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REMARKS: 212 2 125			
REMARKS: 1 DUSM 200 MILES RT Z HRS PRINT S COPIES: 1. CLERK OF THE COURT	PRIOR EDITIONS MAY BE USED		
REMARKS: 1 DUSM 200 MILES RT Z HRS	PRIOR EDITIONS MAY BE USED		

- if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

Rev. 12/15/80 Automated 01/00